

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	01-23-02
O.I.P.E. CLASSIFIER		10	1/30
FORMALITY REVIEW	YG	956	02/01/02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	01/27/02
2	✓	✓	01/27/02
3	✓	✓	01/27/02
4	✓	✓	01/27/02
5	✓	✓	01/27/02
6	✓	✓	01/27/02
7	✓	✓	01/27/02
8	✓	✓	01/27/02
9	✓	✓	01/27/02
10	✓	✓	01/27/02
11	✓	✓	01/27/02
12	✓	✓	01/27/02
13	✓	✓	01/27/02
14	✓	✓	01/27/02
15	✓	✓	01/27/02
16	✓	✓	01/27/02
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18	✓	✓	01/27/02
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26	✓	✓	01/27/02
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29	✓	✓	01/27/02
30	✓	✓	01/27/02
31	✓	✓	01/27/02
32	✓	✓	01/27/02
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35	✓	✓	01/27/02
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45	✓	✓	01/27/02
46	✓	✓	01/27/02
47	✓	✓	01/27/02
48	✓	✓	01/27/02
49	✓	✓	01/27/02
50	✓	✓	01/27/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY